This form is effective beginning with the January 1 to June 30, 2017, accounting period (2017/1) If you are filing for a prior accounting period, contact the Licensing Division for the correct form.

## SA1-2E Short Form

STATEMENT OF ACCOUNT	FOR COPYRIG	HT OFFICE USE ONLY	Return completed workbook by email to
for Secondary Transmissions by Cable Systems (Short Form)	DATE RECEIVED	AMOUNT	<u>coplicsoa@copyright.gov</u> For additional information.
General instructions are located in the first tab of this workbook.	2/29/24	S ALLOCATION NUMBER	Contact the U.S. Copyright Office Licensing Division at (202) 707-8150.

Α	ACC	OUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))
		2023/2 Period 1 = January 1 - June 30 Period 2 = July 1 - December 31
		20232 Barcode Data Filing Period (optional - see instructions)
Accounting Period		
В		Instructions: Give the full legal name of the owner of the cable system. If the owner is a subsidiary of another corporation, give the full corporate title of the subsidiary, not that of the parent corporation.
Owner		List any other name or names under which the owner conducts the business of the cable system.
		If there were different owners during the accounting period, only the owner on the last day of the accounting period should submit a single statement of account and royalty fee payment covering the entire accounting period.
		Check here if this is the system's first filing. If not, enter the system's ID number assigned by the Licensing Division.
		LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM
		CEQUEL COMMUNICATIONS LLC
		BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)
		SUDDENLINK COMMUNICATIONS
		MAILING ADDRESS OF OWNER OF CABLE SYSTEM
		3027 S SE LOOP 323 (Number, street, rural route, apartment, or suite number)
		TYLER, TX 75701 (City, town, state, zip)
С		<b>RUCTIONS:</b> In line 1, give any business or trade names used to identify the business and operation of the system unless these as already appear in space B. In line 2, give the mailing address of the system, if different from the address given in space B
System	1	IDENTIFICATION OF CABLE SYSTEM:
		HOWARD MCLEOD CORRECTIONAL FACILITY MAILING ADDRESS OF CABLE SYSTEM:
	-	MAILING ADDRESS OF GADLE STSTEM.
	2	(Number, street, rural route, apartment, or suite number)
		(City, town, state, zip code)

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Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: CEQUEL COMMUNICATIONS LLC	SYSTEM ID# 063348
D	Instructions: List each separate community served by the cable system. A "communit "a separate and distinct community or municipal entity (including unincorporated con discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you list v as the "first community." Please use it as the first community on all future filings.	nmunities within unincorporated areas and including single, will serve as a form of system identification hereafter known
Area Served	Note: Entities and properties such as hotels, apartments, condominiums, or mobile ho identified city.	ome parks should be reported in parentheses below the
	CITY OR TOWN	STATE
First Community	ATOKA (HOWARD MCLEOD CORR)	OK
Add Rows as Necessary		

								FORM SA1-	
Name	LEGAL NAME OF OWNER OF C	ABLE SYSTEM	:						TEM ID
	CEQUEL COMMUNICA	TIONS LLC							06334
-	SECONDARY TRANSMISSION	I SERVICE: SI	JBSCRI	BERS AND RA	TES				
E	In General: The information in s	•		-		•			
Cocondom	system, that is, the retransmissi								
Secondary Transmission	about other services (including particular about other services (including particular about the accounting period						nose exist	ing on the	
Service: Sub-	Number of Subscribers: Bot						ole system	, broken	
scribers and	down by categories of secondar	, y transmission	service	In general, you	can con	npute the numbe	r of subsc	ribers in	
Rates	each category by counting the n			0 , (		1 0		charged	
	separately for the particular serve					•	,	no and the	
	<b>Rate:</b> Give the standard rate of unit in which it is generally billed	-	-	•				-	
	category, but do not include disc	· · ·	,		ly standa		5 within a		
	Block 1: In the left-hand block				es of sec	ondary transmis	sion servi	ce that cable	
	systems most commonly provide							0,	
	that applies to your system. Not			-		-			
	categories, that person or entity subscriber who pays extra for ca					0,	•		
	first set" and would be counted of								
	Block 2: If your cable system	0			· · ·	service that are	different f	rom those	
	printed in block 1 (for example, t								
	with the number of subscribers a sufficient.	and rates, in th	e right-h	and block. A two	o- or thre	e-word descripti	on of the s	service is	
		OCK 1					BLOCK	(2	
		NO. OF					BECCI	NO. OF	
	CATEGORY OF SERVICE	SUBSCRIB	ERS	RATE	CATE	EGORY OF SEF	VICE	SUBSCRIBERS	RATI
	Residential:								
	Service to first set		0	-					
	<ul> <li>Service to additional set(s)</li> </ul>								
	<ul> <li>FM radio (if separate rate)</li> </ul>								
	Motel, hotel								
	Commercial		4	42.41					
	Converter								
	Residential								
	<ul> <li>Non-residential</li> </ul>								
	SERVICES OTHER THAN SEC								
F	In General: Space F calls for ra not covered in space E, that is, t	•	,			• •			
•	service for a single fee. There a					,	,		
Services	furnished at cost or (2) services	•	,		0		0.0	·	
Other Than	amount of the charge and the ur		usually	billed. If any rat	es are cl	narged on a varia	able per-p	rogram basis,	
Secondary	enter only the letters "PP" in the		المعمما		h of the	annliachta ann is	an linted		
ransmissions: Rates	Block 1: Give the standard ra Block 2: List any services tha	• •				••		were not	
Rules	listed in block 1 and for which a	• •			-	• ·			
	brief (two- or three-word) descrip								
		BLO	CK 1					BLOCK 2	
	CATEGORY OF SERVICE	RATE		ORY OF SERV	ICE	RATE	CATEG	DRY OF SERVICE	RATE
	Continuing Services:		Installa	tion: Non-resid	dential				
	• Pay cable	-	• Mot	el, hotel					
	<ul> <li>Pay cable—add'l channel</li> </ul>	-	• Cor	nmercial					
	Fire protection		• Pay	cable					
	•Burglar protection		• Pay	cable-add'l cha	annel				
	Installation: Residential		• Fire	protection					
	• First set	-	• Bur	glar protection					
	<ul> <li>Additional set(s)</li> </ul>	-		services:					
	• FM radio (if separate rate)		• Rec	connect		-			
	, , ,		Die						
	Converter		• DIS	connect					
	Converter			connect let relocation		-			
	• Converter		• Out		ss				

ting Period:	2023/2			FORM SA1-2E. PAGE 3	
Name	LEGAL NAME OF OWNER O	F CABLE SYSTEM:		SYSTEM ID#	
Name	CEQUEL COMMUNIC	ATIONS LLC		063348	
	PRIMARY TRANSMITTERS:	TELEVISION			
G Primary nsmitters: elevision	carried by your cable syste FCC rules and regulations 76.59(d)(2) and (4), 76.61( substitute program basis, a <b>Substitute Basis Stations</b> basis under specific FCC m • Do <i>not</i> list the station her station was carried <i>only</i> or • List the station here, and basis. For further informatic <b>Column 1:</b> List each statio multicast stream associate "WETA-2" as the same on <b>Column 2:</b> Give the chann	also in space I, if the station was carrie on concerning substitute basis stations n's call sign. <i>Do not</i> report origination d with a station according to its over-the the form. el number the FCC assigned to the tele	t (1) stations carried only on a part-t he carriage of certain network progra 51(e)(2) and (4))]; and (2) certain stat arried by your cable system on a sub the Special Statement and Program I ed both on a substitute basis and also , see page (v) of the general instructi program services such as HBO, ESF e-air designation. For example, repo	ime basis under ams [sections tions carried on a ostitute program Log)—if the o on some other ions. PN, etc. Identify each ort multistream	
	<b>Column 3:</b> Indicate in each educational station, by enter (for independent multicast) For the meaning of these to <b>Column 4:</b> Give the location	RC is channel 4 in Washington, D.C. a case whether the station is a network ering the letter "N" (for network), "N-M" , "E" (for noncommercial educational), erms, see page (iv) of the general instru- n of each station. For U.S. stations, lis dian stations, if any, give the name of t	(for network multicast), "I" (for indepe or "E-M" (for noncommercial education uctions in the paper SA1-2 form. t the community to which the station	endent), "I-M" onal multicast). is licensed by the	
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION	
	KTEN-1	10	Ν	ADA, OK	
	KTEN-2	10.2	I-M	ADA, OK	
lecessary	KTEN-3	10.3	N-M	ADA, OK	
ecessary	KTEN-3 KXII-1	10.3 12	N-M N		
cessary				ADA, OK SHERMAN, TX	
lecessary	KXII-1	12	N	ADA, OK	
ecessary	KXII-1	12	N	ADA, OK SHERMAN, TX	
lecessary	KXII-1	12	N	ADA, OK SHERMAN, TX	
ecessary	KXII-1	12	N	ADA, OK SHERMAN, TX	
Necessary	KXII-1	12	N	ADA, OK SHERMAN, TX	
Vecessary	KXII-1	12	N	ADA, OK SHERMAN, TX	
s Necessary	KXII-1	12	N	ADA, OK SHERMAN, TX	
Necessary	KXII-1	12	N	ADA, OK SHERMAN, TX	
s Necessary	KXII-1	12	N	ADA, OK SHERMAN, TX	
as Necessary	KXII-1	12	N	ADA, OK SHERMAN, TX	
as Necessary	KXII-1	12	N	ADA, OK SHERMAN, TX	
as Necessary	KXII-1	12	N	ADA, OK SHERMAN, TX	
as Necessary	KXII-1	12	N	ADA, OK SHERMAN, TX	
IS Necessary	KXII-1	12	N	ADA, OK SHERMAN, TX	
as Necessary	KXII-1	12	N	ADA, OK SHERMAN, TX	
as Necessary	KXII-1	12	N	ADA, OK SHERMAN, TX	
ıs as Necessary	KXII-1	12	N	ADA, OK SHERMAN, TX	
s as Necessary	KXII-1	12	N	ADA, OK SHERMAN, TX	

EGAL NAME OI								SYSTEM II 0633
	t every radio s	station ca	arried on a separate and discr nerally receivable by your cat					н
eceivable if (1) on the basis of For detailed info paper SA1-2 for Column 1: lo Column 2: S Column 3: lf	it is carried by monitoring, to prmation about rm. lentify the call tate whether to the radio stat	y the sys be rece It the Co sign of the static ion's sig	II-Band FM Carriage: Under ( stem whenever it is received a ived at the headend, with the pyright Office regulations on t each station carried. on is AM or FM. nal was electronically process k mark in the "S/D" column.	at the system's system's FM a his point, see p	headend, and ( ntenna, during o bage (v) of the g	2) it can certain s jeneral ii	be expected, tated intervals. nstructions in the.	Primary Transmitters Radio
Column 4: G	ive the station	n's locati	the community with which the			CC or, in	the case of	
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
						·		
						·	·	
						· · · · · · · · · · · · · · · · · · ·	·	
						·	·	
							·	

	od: 2023/2						FORM	1 SA1-2E. PAGE 5.
	LEGAL NAME OF OWNER OF	CABLE SYS	TEM:					SYSTEM ID#
Name	CEQUEL COMMUNICA	TIONS L	LC					063348
	SUBSTITUTE CARRIAG				G			
	In General: In space I, ident	-	-			tion that vo	our cable syst	em carried on a
-	substitute basis during the a							
Substitute	explanation of the programm	ing that mu	st be included i	n this log, see page (v) of th	he general ins	structions ir	the paper S	A1-2 form.
Carriage:	1. SPECIAL STATEMEN		RNING SUBS	TITUTE CARRIAGE				
Special Statement and	<ul> <li>During the accounting per</li> </ul>	iod, did yoι	ur cable systen	n carry, on a substitute ba	sis, any nonr	etwork tel	evision progr	am
Program Log	broadcast by a distant sta	tion?					YES	× NO
	Note: If your answer is "No	" leave the	rest of this na	ge blank. If your answer is	s "Yes " vou r	- nust.comp	-	
	log in block 2.	, loave the		ge blank. If your anower it	5 100, you i	nuot oomp	lete the plog	lan
	2. LOG OF SUBSTITUTE		MS					
	In General: List each subs			ate line. Use abbreviations	s wherever po	ossible, if t	heir meaning	is
	clear. If you need more spa							
				vision program ("substitute				
	period, was broadcast by a under certain FCC rules, re							
	Do not use general categor	ies like "mo	vies" or "bask	etball." List specific progra	im titles, for e	example, "I	Love Lucy"	or
	"NBA Basketball: 76ers vs.	Bulls."				•		
				er "Yes." Otherwise enter "				
				asting the substitute progr he community to which the		censed by	the FCC or i	'n
	the case of Mexican or Car							
			when your sys	stem carried the substitute	e program. Us	se numera	ls, with the m	onth
	first. Example: for May 7 giv		a aubatituta pre	ogram was carried by your	r achla avata	m lietthe	timoo ooouro	atoly.
	to the nearest five minutes.							atery
	stated as "6:00–6:30 p.m."			·····		F		
				n was substituted for progr				
	to delete under FCC rules a was substituted for program							ogram
	effect on October 19, 1976.		your system w			ana regui		
					WHE	N SUBST	ITUTE	
	5	JBSTITUT						
		2. LIVE?				AGE OCC 6. 1		7. REASON FOR DELETION
	1. TITLE OF PROGRAM	2. LIVE? Yes or No	3. STATION'S CALL SIGN	4. STATION'S LOCATION	CARRI 5. MONTH AND DAY			
	1. TITLE OF PROGRAM		3. STATION'S		5. MONTH	6. 1	TIMES	
	1. TITLE OF PROGRAM		3. STATION'S		5. MONTH	6. 1	TIMES	
	1. TITLE OF PROGRAM		3. STATION'S		5. MONTH	6. 1	TIMES	
	1. TITLE OF PROGRAM		3. STATION'S		5. MONTH	6. 1	TIMES	
	1. TITLE OF PROGRAM		3. STATION'S		5. MONTH	6. 1	TIMES	
	1. TITLE OF PROGRAM		3. STATION'S		5. MONTH	6. 1	TIMES	
	1. TITLE OF PROGRAM		3. STATION'S		5. MONTH	6. 1	TIMES	
	1. TITLE OF PROGRAM		3. STATION'S		5. MONTH	6. 1	TIMES	
	1. TITLE OF PROGRAM		3. STATION'S		5. MONTH	6. 1	TIMES	
	1. TITLE OF PROGRAM		3. STATION'S		5. MONTH	6. 1	TIMES	
	1. TITLE OF PROGRAM		3. STATION'S		5. MONTH	6. 1	TIMES	
	1. TITLE OF PROGRAM		3. STATION'S		5. MONTH	6. 1	TIMES	
	1. TITLE OF PROGRAM		3. STATION'S		5. MONTH	6. 1	TIMES	
	1. TITLE OF PROGRAM		3. STATION'S		5. MONTH	6. 1	TIMES	
	1. TITLE OF PROGRAM		3. STATION'S		5. MONTH	6. 1	TIMES	
	1. TITLE OF PROGRAM		3. STATION'S		5. MONTH	6. 1	TIMES	
	1. TITLE OF PROGRAM		3. STATION'S		5. MONTH	6. 1	TIMES	
	1. TITLE OF PROGRAM		3. STATION'S		5. MONTH	6. 1	TIMES	
	1. TITLE OF PROGRAM		3. STATION'S		5. MONTH	6. 1	TIMES	
	1. TITLE OF PROGRAM		3. STATION'S		5. MONTH	6. 1	TIMES	
	1. TITLE OF PROGRAM		3. STATION'S		5. MONTH	6. 1	TIMES	
	1. TITLE OF PROGRAM		3. STATION'S		5. MONTH	6. 1	TIMES	
	1. TITLE OF PROGRAM		3. STATION'S		5. MONTH	6. 1	TIMES	
	1. TITLE OF PROGRAM		3. STATION'S		5. MONTH	6. 1	TIMES	

Accounting Period:	2023/2	FORM SA1-2E. PAGE 6
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID
Name	CEQUEL COMMUNICATIONS LLC	063348
K Gross Receipts	GROSS RECEIPTS         Instructions: The figure you give in this space determines the form you file and the amount you pay. Ent all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transmi (as identified in space E) during the accounting period. For a further explanation of how to compute this a page (vii) of the general instructions located in the paper SA1-2 form.         Gross receipts from subscribers for secondary transmission service(s) during the accounting period.         IMPORTANT: You must complete a statement in space P concerning gross receipts.	ission service
L Copyright Royalty Fee	COPYRIGHT ROYALTY FEE Instructions: To compute the royalty fee you owe Complete block 1, block 2, or block 3. • Use block 1 if the amount of gross receipts in space K is \$137,100 or less. • Use block 2 if the amount of gross receipts in space K is more than \$137,100 but less than or equal to \$2 • Use block 3 if the amount of gross receipts in space K is more than \$263,800 but less than \$527,600 See page (vi) of the general instructions located in the paper SA1-2 form for more information.	263,800
	BLOCK 1: GROSS RECEIPTS OF \$137,100 OR LESS	
	Instructions: As a cable system with gross receipts of \$137,100 or less, the royalty fee that you must pay for this accounting period is \$52.00.	s six-month
	Line 1. Royalty fee for accounting period	\$ 52.00
	Line 2. Interest charge. Enter the amount from line 4, space Q, page 8	0.00
	Line 3. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 1 and 2	\$ 52.00
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but more than \$137,100	0)
	1. Base amount under statutory formula	
	2. Enter amount of gross receipts from space K	
	3. Subtract line 2 from line 1	
	4. Enter the amount of gross receipts from space K	
	5. Enter the amount from line 3	
	6. Subtract line 5 from line 4	
	7. Multiply line 6 by .005 (enter figure here)	
	8. Interest charge. Enter the amount from line 4, space Q, page 8	0.00
	9. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 7 and 8	
	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263,800 (but less than \$527,60	00)
	1. Enter the amount of gross receipts from space K	
	2. Base amount under statutory formula	
	3. Subtract line 2 from line 1	
	4. Multiply line 3 by .01	
	5. Royalty due on the first \$263,800 of gross receipts (under statutory formula)	1,319.00
	6. Interest charge. Enter the amount from line 4, space Q, page 8	0.00
	7. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 4, 5, and 6	
	FILING FEE AND TOTAL REMITTANCE DUE	
Filing Fee and Total Remittance	1. Royalty Fee Payable for Accounting Period (from block 1, 2, or 3, above)	52.00
Due	2. Filing Fee (See the instructions for more information on filing fee calculations)	15.00
	3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3	\$ 67.00
	EFT Trace # or TRANSACTION ID #	
	Important: Your remittance must be in the form of an electronic payment payable to the Register of See page i of the general instructions in the paper SA1-2 form and the Excel instructions tab for more	

Accounting Period:	2023/2						FORM SA1-2E. PAGE 7
Name		DWNER OF CABLE SYSTEM: MUNICATIONS LLC					SYSTEM ID# 063348
M Channels	to its subscribers 1. Enter the total system carried 2. Enter the total on which the ca	ou must give (1) the number of s, and (2) the cable system's f number of channels on whic television broadcast stations number of activated channel able system carried television ast services	total numb h the cable  s broadcast	er of activated channels d	luring the a	ccounting period.	9
N Individual to Be Contacted		BE CONTACTED IF FURTH about this statement of account		RMATION IS NEEDED (Ic	dentify an ir	ndividual	
for Further Information	Name	RODNEY HASKINS				Telephone	(903) 579-3152
	Address	3027 S SE LOOP 323 (Number, street, rural route, apart TYLER, TX 75701 (City, town, state, zip)		e number)			
	Email	RODNEY.HASI	KINS@AL	TICEUSA.COM		Fax (optional)	
O Certification	I, the undersigned     (Owned     (Agent     in li     X     (Office     in li     I have examined	(This statement of account m ed, hereby certify that (Check or r other than corporation or p t of owner other than corpor- ine 1 of space B and that the or er or partner) I am an officer ( ine 1 of space B. d the statement of account and e, and correct to the best of m on 1001(1986)]	one, <i>but oni</i> partnership ation or pa owner is no (if a corpora l hereby de	<i>ly one</i> , of the boxes.) <b>p)</b> I am the owner of the ca <b>artnership)</b> I am the duly a t a corporation or partnersi ation) or a partner (if a part	ble system uthorized a hip; or nership) of that all stat	as identified in line 1 of space gent of the owner of the cabl the legal entity identified as o ements of fact contained her	e B; or e system as identified wner of the cable system
			Enter an e	/s/ Alan Dannenbau	ne above to		-
		Typed or printed	d name:	ALAN DANNENBA	UM		
		Title: (Title of o		ROGRAMMING	ship)		
		Date:				2/27/2024	

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	FORM SA1-2E. PAGE
AL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM II
QUEL COMMUNICATIONS LLC	06334
SPECIAL STATEMENT CONCERNING GROSS RECEIPTS EXCLUSIONS The Satellite Home Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Copyright Act by adding the fol- lowing sentence: "In determining the total number of subscribers and the gross amounts paid to the cable system for the basic service of providing secondary transmissions of primary broadcast transmitters, the system shall not include sub- scribers and amounts collected from subscribers receiving secondary transmissions pursuant to section 119."	P Special Statement Concerning Gross
For more information on when to exclude these amounts, see the note on page (vii) of the general instructions located in the paper SA1-2 form.	Receipts Exclusion
During the accounting period, did the cable system exclude any amounts of gross receipts for secondary transmissions made by satellite carriers to satellite dish owners?	
XNO	
YES. Enter the total here and list the satellite carrier(s) below	
Name Mailing Address Mailing Address	
You must complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment. For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form.	Q
Line 1 Enter the amount of late payment or underpayment	Interest Assessmen
Line 2 Multiply line 1 by the interest rate* and enter the sum here	-
Line 3 Multiply line 2 by the number of days late and enter the sum here x 0.00274	—
x 0.00274         Line 4 Multiply line 3 by 0.00274** and enter here         in space L (page 6), block 1, line 2, or block 2, line 8, or block 3, line 6	_
x 0.00274         Line 4 Multiply line 3 by 0.00274** and enter here         in space L (page 6), block 1, line 2, or block 2, line 8, or block 3, line 6	_
x 0.00274         Line 4 Multiply line 3 by 0.00274** and enter here         in space L (page 6), block 1, line 2, or block 2, line 8, or block 3, line 6         \$         - (interest charge)         * To view the interest rate chart click on www.copyright.gov/licensing/interest-rate.pdf.    For further assistance please	_
x 0.00274         Line 4 Multiply line 3 by 0.00274** and enter here         in space L (page 6), block 1, line 2, or block 2, line 8, or block 3, line 6	

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